

TITLE 760 DEPARTMENT OF INSURANCE

Final Rule LSA Document #05-75

DIGEST

Amends 760 IAC 1-68 regarding the requirements for financial statements, net worth, applications, board of directors, open enrollment, place of business, stop loss coverage, benefits, and renewal of a registration as well as the general requirements for limited service multiple employer welfare arrangements. Effective 30 days after filing with the Secretary of State.

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760 IAC 1-68-10**

SECTION 1. 760 IAC 1-68-1 IS AMENDED TO READ AS FOLLOWS:

760 IAC 1-68-1 Definitions

Authority: IC 27-1-34-9

Affected: IC 27-1-34-1; IC 27-16-2-13

Sec. 1. The following definitions apply throughout this rule:

(1) "Affiliate of" or "affiliated with", a specific person, means a person that directly, or indirectly through one (1) or more intermediaries:

(A) controls;

(B) is controlled by; or

(C) is under common control with;

the person specified.

(1) (2) "Commissioner" means the commissioner of the Indiana department of insurance.

(2) (3) "Creditable coverage" has the meaning set forth in the federal Health Insurance Portability and Accountability Act of 1996 (26 U.S.C. 9801(c)(1)).

(3) (4) "Department" means the Indiana department of insurance.

(4) (5) "Fund balance" means the total assets in excess of total liabilities, except that assets pledged to secure debts not reflected on the books of the multiple employer welfare arrangement are not included in the fund balance. The term includes other:

(A) contributed capital;

(B) retained earnings; and

(C) subordinated debt; and

(D) supplemental contribution fund assets.

~~(5)~~ **(6)** "Health benefit plan" means any plan that provides benefits for health care services. The term does not include the following:

- (A) Accident-only or disability income insurance or a combination of accident-only and disability income insurance.
- (B) Credit only insurance.
- (C) Disability insurance.
- (D) Coverage for a specified disease or illness.
- (E) Medicare supplement policies.
- (F) Long term care coverage.
- (G) Workers' compensation insurance.
- (H) A jointly managed trust authorized under 29 U.S.C. 141 et seq. with a plan of benefits for employees negotiated in a collective bargaining agreement governing wages, hours, and working conditions of the employees as authorized under 29 U.S.C. 157.
- (I) Hospital indemnity or fixed indemnity insurance.
- (J) Reinsurance contract issued on a stop-loss, quota-share, or similar basis.
- (K) Short term major medical contracts.
- (L) Liability insurance.

~~(6)~~ **(7)** "Multiple employer welfare arrangement" or "MEWA" has the meaning set forth in IC 27-1-34-1. **The term does not include a professional employer organization as defined by IC 27-16-1-13 and registered under IC 27-16.**

~~(7)~~ **(8)** "Participant criteria" means any criteria or rules established by an employer to determine the employees who are eligible for enrollment, including continued enrollment, under the terms of a health benefit plan.

~~(8)~~ **(9)** "Participation agreement" means the document pursuant to which an employer undertakes and agrees to fulfill obligations as a member of the MEWA.

~~(9)~~ **(10)** "Qualified actuary" means an actuary who:

(A) is not an employee of the MEWA; and

(B) is:

- (i)** a fellow of the Society of Actuaries;
- (ii)** a member of the American Academy of Actuaries; or
- (iii)** an enrolled actuary under the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001, et seq.).

~~(10)~~ **(11)** "Qualified financial institution" means an institution that:

(A) is organized or, in the case of a United States branch or agency office of a foreign banking organization, is licensed under the laws of the United States or any state; and

(B) has been granted authority to operate with fiduciary powers; and

(C) is regulated, supervised, and examined by federal or state authorities having regulatory authority over banks and trust companies.

(12) "Supplemental contribution fund" means a segregated fund consisting of cash or cash equivalents that may be utilized by the MEWA to satisfy 760 IAC 1-68-2(d)(8). A MEWA is permitted to access funds contained in its supplemental contribution fund during the fiscal year provided that the funds

are utilized only to pay outstanding claims.
(Department of Insurance; 760 IAC 1-68-1; filed Apr 15, 2003, 2:20 p.m.: 26 IR 3035)

SECTION 2. 760 IAC 1-68-2 IS AMENDED TO READ AS FOLLOWS:

760 IAC 1-68-2 Certificate of registration

Authority: IC 27-1-34-9

Affected: IC 4-21.5-5; IC 27-1-25; IC 27-1-34; IC 27-16-2-13

Sec. 2. (a) A MEWA may not engage in business in Indiana without first obtaining a certificate of registration from the department.

(b) To obtain a certificate of registration, a MEWA shall submit an application for a certificate of registration. The application shall be on a form prescribed by the department. The application shall be completed and submitted along with the following information:

(1) Copies of all articles, bylaws, agreements, trusts, or other documents describing the rights and obligations of employers, employees, and beneficiaries.

(2) ~~Current~~ **Audited** financial statements of the MEWA and a projection of the assets, liabilities, income, and expenses of the MEWA for the next twelve (12) months.

(3) Proof of a fidelity bond, which shall protect against acts of fraud or dishonesty in servicing the MEWA, covering each person responsible for servicing the MEWA in an amount equal to:

(A) the greater of ten percent (10%) of the premiums and contributions received by the MEWA; or

(B) ten percent (10%) of the benefits paid;

during the preceding calendar year, with a minimum of ten thousand dollars (\$10,000) and a maximum of five hundred thousand dollars (\$500,000). No additional bond shall be required of a third party administrator licensed under IC 27-1-25.

(4) A business plan for the MEWA, including the proposed marketing and sales plan and documents.

(5) An opinion from a qualified actuary satisfactory to the commissioner showing that the MEWA will be operated in accordance with sound actuarial principles.

(6) A certification by the applicant that the:

(A) MEWA is in compliance with all applicable provisions of the Employee Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et seq.); or that the

(B) applicant is exempt from the Employee Retirement Income Security Act of 1974 including the basis for the asserted exemption.

(7) Copies of the **following**:

(A) Plan documents. and

(B) **Evidence of coverage.**

(C) **Organizational chart illustrating all entities affiliated with the MEWA.**

(D) Agreements with service providers.

(8) A statement of the costs of coverage to be charged, including an itemization of

amounts for administration, reserves, and other expenses associated with operation of the MEWA.

(9) Names and addresses of the following:

(A) The association or group of employers sponsoring the MEWA.

(B) The members of the board of trustees or directors, as applicable, of the MEWA.

Biographical affidavits shall be submitted on the form prescribed by the National Association of Insurance Commissioners for insurers for the following:

(i) The members of the board of trustees or directors, as applicable.

(ii) All other persons with decision making authority for the MEWA.

(C) If not an association, at least two (2) employers.

(10) The application fee required by section 17 of this rule.

(c) The commissioner shall:

(1) examine the application and documents submitted by the applicant; and shall

(2) have the power to:

(A) conduct any investigation the commissioner may deem necessary; and to

(B) examine under oath any persons interested in or connected with the MEWA.

The commissioner may request any additional information that he or she deems relevant to the application. A certificate of registration will not be issued until the commissioner approves the MEWA's application.

(d) To meet the requirements for approval of an application for a certificate of registration, a MEWA must meet all of the following conditions:

(1) The employers in the MEWA must be members of an association or group of two

(2) or more businesses in the same trade or industry, including closely related businesses that provide support, services, or supplies primarily to that trade or industry. If an association, the association must:

(A) be engaged in substantial activity for its members other than sponsorship of an employee welfare benefit plan; and

(B) have been in existence for a period of not less than two (2) years prior to before engaging in any activities relating to the provision of employee health benefits to its members.

(2) The MEWA must be:

(A) controlled and sponsored directly by participating employers or participating employees, or both; The MEWA must be and

(B) operated pursuant to a trust agreement by a board of trustees that:

(i) has complete fiscal control over the MEWA; and that

(ii) is responsible for all operations of the MEWA.

The trustees must be owners, partners, officers, directors, or employees of employers in the MEWA. The trustees must be equitably divided through the participating employers. no one (1) employer may be represented by a majority of the board.

(3) The MEWA must be a not-for-profit organization.

(4) Coverage under the MEWA must not be offered to persons or groups other than participating employers and, in the event of an association, the sponsoring

association.

(5) The MEWA must have:

- (A) within its own organization adequate facilities and competent personnel, as determined by the commissioner, to service the employee benefit plan; or must have
- (B) contracted with a third party administrator holding a certificate of registration under IC 27-1-25.

(6) The MEWA must have applications from not less **fewer** than two (2) employers and plan to provide similar benefits for not less **fewer** than two hundred (200) participating employees. The annual gross premiums of or contributions to the plan must not be less than:

- (A) twenty thousand dollars (\$20,000) for a plan that provides only vision benefits;
- (B) seventy-five thousand dollars (\$75,000) for a plan that provides only dental benefits; and
- (C) two hundred thousand dollars (\$200,000) for all other plans.

(7) The MEWA, **other than a dental or vision, or both, only MEWA**, must possess a written commitment, binder, or policy for stop-loss insurance issued by an insurer authorized to do business in this state providing **the following**:

- (A) Not less than sixty (60) days' notice to the commissioner of any cancellation or nonrenewal of coverage. and
- (B) Both specific and aggregate coverage with an aggregate retention of ~~no~~ **not** more than one hundred twenty-five percent (125%) of the amount of expected claims for the next plan year and a specific retention amount annually determined by the actuarial report required by section 9 of this rule.

Both the specific and the aggregate coverage must require all claims to be submitted within ninety (90) days after the claim is incurred and provide a twelve (12) month claims incurred period and a fifteen (15) month paid claims period for each policy year.

(8) The contributions must be set to fund at least one hundred percent (100%) of the aggregate retention plus all other costs of the MEWA. **Amounts contained in a supplemental contribution fund are considered to be contributions that may be utilized by the MEWA to satisfy this requirement.**

(9) The MEWA must **do the following**:

- (A) Establish a procedure acceptable to the commissioner for **the following**:
 - (A) (i) Handling claims for benefits in the event of dissolution of the MEWA. and
 - (B) (ii) The routine handling of claims.

(10) The MEWA must (B) Obtain the required bond.

(11) The MEWA must (C) Be operated in accordance with sound actuarial principles.

(12) (10) All funds of the MEWA must be held in trust in the name of the MEWA in a qualified financial institution.

(13) (11) The MEWA's participation application and participation agreement must contain the language required by section 16 of this rule.

(e) A denial of an application shall:

- (1) be in writing;

(2) specify the reasons for denial; and

(3) provide notice of the applicant's right to request a hearing.

Any request for a hearing shall be submitted within thirty (30) days of receipt of the department's denial. A final order of the commissioner is a final order subject to judicial review pursuant to **under IC 4-21.5-5.**

(f) A certificate of registration shall be renewed annually on a form prescribed by the department. The MEWA shall update any information required by section 2(b) or attest in writing that there were no material changes to the information previously submitted under section 2(b).

~~(g)~~ (f) A MEWA in existence on January 1, 2003, shall do the following:

(1) File notice with the commissioner by July 1, 2003, of its intent to apply for an initial certificate of registration.

(2) File for its initial certificate of registration by October 1, 2003.

The MEWA may continue to conduct business until the certificate of registration is granted or denied by the commissioner.

(g) A professional employer organization as defined by IC 27-16-2-13 that maintains a self-funded health benefit plan that was registered under this rule as MEWA on July 1, 2005, and continues to comply with the provisions is deemed to be in compliance with IC 27-16 regarding its self-insured health benefit plan until the effective date of rules adopted by the commissioner regarding professional employer organizations under IC 27-16. (*Department of Insurance; 760 IAC 1-68-2; filed Apr 15, 2003, 2:20 p.m.: 26 IR 3036*)

SECTION 3. 760 IAC 1-68-4 IS AMENDED TO READ AS FOLLOWS:

760 IAC 1-68-4 Coverage requirements

Authority: IC 27-1-34-9

Affected: IC 25-22.5; IC 25-29; IC 27-1-34

Sec. 4. (a) A MEWA:

(1) may refuse to provide coverage to an employer employing fifty (50) or more employees in accordance with the MEWA's underwriting standards and criteria; The MEWA

(2) shall accept or reject the entire group of individuals who meet the participation criteria and who choose coverage; The MEWA and

(3) may exclude only those individuals who have declined coverage.

Denial by a MEWA of an application for coverage from an employer must be in writing and must state the reason or reasons for the denial.

(b) A MEWA must provide coverage to any employer that:

(1) meets the participating employer criteria; and who

(2) employs two (2) to fifty (50) employees;

unless the MEWA has adopted a resolution closing enrollment for a period of not less than two (2) years.

(c) Upon issuance of coverage to any employer, each MEWA shall provide coverage to the employees who meet the participation criteria established by the terms of the plan document without regard to an individual's health status related factors. The participation criteria may not be based on health status factors.

(d) The MEWA shall obtain a written waiver for each employee who:

(1) meets the participation criteria; and who

(2) declines coverage under the MEWA.

The waiver must ensure that the employee was not induced or pressured into declining coverage because of the employee's or a dependent's health status.

(e) A MEWA may not provide coverage to an employer or the employees of an employer if the MEWA or an agent for the MEWA knows that the employer has induced or pressured:

(1) an employee who meets the participation criteria; or

(2) a dependent of the employee;

to decline coverage because of that individual's health status.

(f) A MEWA may require an employer to meet minimum contribution or participation requirements as a condition of issuance and renewal in accordance with the terms of the MEWA's plan document. Those requirements shall be **as follows:**

(1) Stated in the plan document. and

(2) Applied uniformly to each employer offered or issued coverage by the MEWA.

(g) The initial enrollment period for employees meeting the participation criteria must be at least thirty-one (31) days. ~~with a thirty-one (31) day annual open enrollment period.~~ If dependent coverage is offered, the dependent's open enrollment must also comply with ~~these this time periods. period.~~

(h) A MEWA may establish a waiting period during which a new employee is not eligible for coverage in accordance with the plan document.

(i) A MEWA's plan document may not, by use of a rider or amendment applicable to a specific individual, limit or exclude coverage by type of illness, treatment, medical condition, or accident, except for preexisting conditions as follows:

(1) A preexisting condition provision in a MEWA may not apply to an expense incurred on or after the expiration of the twelve (12) months following the initial effective date of coverage of the participating employee or dependent. However, this time period may be extended to eighteen (18) months for a late enrollee as defined in the federal Health Insurance Portability and Accountability Act of 1996.

(2) A preexisting condition provision in a MEWA plan document may not apply to coverage for a disease or condition other than a disease or condition for which

medical advice, diagnosis, care, or treatment was recommended or received during the six (6) months before the earlier of the:

(A) effective date of coverage; or

(B) first day of the waiting period.

(3) A MEWA shall not treat genetic information as a preexisting condition in the absence of a diagnosis of the condition related to the information.

(4) A MEWA shall not treat a pregnancy as a preexisting condition.

(5) A preexisting condition provision in a MEWA's plan document may not apply to an individual who was continuously covered for a period of twelve (12) months under creditable coverage that was in effect up to a date not more than sixty-three (63) days before the effective date of coverage under the health benefit plan, excluding any waiting period.

(6) In determining whether a preexisting condition provision applies to an individual covered by a MEWA's plan document, the MEWA shall credit the time the individual was covered under previous creditable coverage if the previous coverage was in effect at any time during the twelve (12) months preceding the effective date of coverage under the MEWA. If the previous coverage was issued under a health benefit plan, any waiting period shall also be credited to the preexisting condition provision period.

(7) This section does not preclude application of any waiting period applicable to all new participating employees under the health benefit plan in accordance with the terms of the MEWA's plan document.

(j) A MEWA shall provide that the benefits applicable to an individual or family member shall be payable with respect to a newly born or adopted child of a covered person: **an insured**. The coverage shall:

(1) consist of coverage of injury or sickness, including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities; Coverage shall and

(2) include, but not be limited to, benefits for inpatient or outpatient expenses arising from medical and dental treatment (including orthodontic and oral surgery treatment) involved in the management of birth defects known as cleft lip and cleft palate.

If payment of a specific premium or fee is required to provide coverage for a child, the policy or contract may require that notification of the birth or adoption and payment of the required premium or fee must be furnished to the MEWA within thirty-one (31) days after the date of birth or adoption in order to have continuous coverage beyond the thirty-one (31) day period.

(k) Coverage offered by the MEWA shall comply with the following:

(1) The federal Women's Health and Cancer Rights Act.

(2) The federal Mental Health Parity Act.

(3) The federal Pregnancy Discrimination Act.

(l) The MEWA shall comply with the federal Health Insurance Portability and Accountability Act of 1996.

(m) The MEWA shall provide coverage for the following:

(1) The medically necessary treatment for diabetes, including medically necessary supplies and equipment as ordered in writing by a:

(A) physician licensed under IC 25-22.5; or a

(B) podiatrist licensed under IC 25-29;

subject to general provisions of the health benefit plan.

(2) At least one (1) prostate specific antigen test annually for an insured who is:

(A) at least fifty (50) years of age; or is

(B) younger than fifty (50) years of age and is at high risk for prostate cancer according to the most recent published guidelines of the American Cancer Society.

(3) Colorectal cancer examinations and laboratory tests for cancer for any nonsymptomatic insured, in accordance with the current American Cancer Society guidelines for a covered individual who is:

(A) fifty (50) years of age; or

(B) less than fifty (50) years of age and at high risk for colorectal cancer according to the most recent published guidelines of the American Cancer Society.

(n) A MEWA may not deny enrollment of a child of a covered individual because the child was born out of wedlock, the child is not claimed as a dependent on the parent's federal income tax return, or the child does not reside with the parent or in the MEWA's service area. Whenever a child of a noncustodial parent is eligible for coverage with or covered by the MEWA, the MEWA shall do the following:

(1) Provide any information to the custodial parent that is necessary for the child to obtain benefits through the MEWA.

(2) Permit the custodial parent, or the provider of medical services with the custodial parent's approval, to submit claims for covered services without the approval of the noncustodial parent.

(3) Make payments on insurance claims submitted under subdivision (2) directly to the:

(A) custodial parent; the

(B) provider of the medical services; or the

(C) office of Medicaid policy and planning.

(4) When a parent is required by a court or an administrative order to provide health coverage for a child and the parent is eligible for family health coverage with the MEWA, the MEWA must do all of the following:

(A) Permit the parent to enroll under the family coverage a child who is otherwise eligible for the coverage, without regard to any enrollment season restriction.

(B) Enroll a child under the family coverage upon application by:

(i) the child's custodial parent;

(ii) the office of Medicaid policy and planning; or

(iii) a Title IV-D agency whenever a noncustodial parent who is enrolled fails to apply for coverage of the child.

(C) The MEWA may not disenroll or eliminate coverage of a child who is otherwise eligible for coverage unless the MEWA is provided satisfactory written evidence that the:

- (i) court order or administrative order is no longer in effect; or the
- (ii) child is or will be enrolled in comparable health coverage not later than the effective date of the disenrollment.

(o) If the MEWA coordinates benefits, the coordination of benefits provision must comply with 760 IAC 1-38.1. (*Department of Insurance; 760 IAC 1-68-4; filed Apr 15, 2003, 2:20 p.m.: 26 IR 3038*)

SECTION 4. 760 IAC 1-68-6 IS AMENDED TO READ AS FOLLOWS:

760 IAC 1-68-6 Premium rates

Authority: IC 27-1-34-9

Affected: IC 27-1-34

Sec. 6. A MEWA may not charge an adjustment to premium rates for individual employees or dependents for health status related factors or duration of coverage. Any adjustment must be applied uniformly to the rates charged for all participating employees and dependents of participating employees of the employer, **except for bona fide wellness programs as permitted under the Health Insurance Portability and Accountability Act of 1996.** (*Department of Insurance; 760 IAC 1-68-6; filed Apr 15, 2003, 2:20 p.m.: 26 IR 3040*)

SECTION 5. 760 IAC 1-68-8 IS AMENDED TO READ AS FOLLOWS:

760 IAC 1-68-8 Third party administrator

Authority: IC 27-1-34-9

Affected: IC 27-1-25; IC 27-1-34

Sec. 8. (a) If a MEWA enters into an agreement with a third party administrator to provide administrative, marketing, or other services related to the offering of health benefits plans to employers in this state, the third party administrator must hold a certificate of registration **license** issued under IC 27-1-25.

(b) A trustee may not be an owner, officer, or employee of the administrator. (*Department of Insurance; 760 IAC 1-68-8; filed Apr 15, 2003, 2:20 p.m.: 26 IR 3041*)

SECTION 6. 760 IAC 1-68-9 IS AMENDED TO READ AS FOLLOWS:

760 IAC 1-68-9 Filings by multiple employer welfare arrangement

Authority: IC 27-1-34-9

Affected: IC 27-1-34

Sec. 9. (a) Each MEWA shall file the following information on a quarterly basis, and the filing is due forty-five (45) days after the end of the MEWA's fiscal quarter: **each year not later than February 15, May 15, August 15, and November 15:**

(1) Quarterly financial statements, including a balance sheet and income statement prepared in accordance with generally accepted accounting principles signed by an officer of the MEWA.

(2) A list of any employers who have obtained coverage with the MEWA during the previous quarter and the number of their covered employees.

(b) Each MEWA transacting business in this state shall file an annual report with the commissioner within ninety (90) days of the end of the MEWA's fiscal year. The report shall be verified by the oath of the chair of the board of trustees. The report must summarize the business activities of the trust for the immediately preceding year and must contain all of the following items:

(1) Management discussion and analysis.

(2) Financial statements audited by a certified public accountant.

(3) An actuarial opinion prepared and certified by a qualified actuary that states the following:

(A) The MEWA is being operated in accordance with sound actuarial principles.

(B) A description and explanation of actuarial assumptions and actuarial methods.

(C) The recommended level of specific and aggregate stop-loss insurance the MEWA should maintain.

(4) A statement detailing any modified terms of a plan document along with a certification from the trustees that any changes are in compliance with the minimum requirements of this rule.

(5) If the MEWA has been examined by a regulatory authority, the report shall:

(A) identify the entity that conducted the examination; and

(B) include a copy of the examination report.

(6) The names and addresses of all participating employers and the total number of covered individuals.

If the information submitted is acceptable to the department, the MEWA registration will be renewed. If the information submitted is not acceptable to the department, the MEWA will receive a written statement of the department's concerns. The registration will be placed on a probationary status for six (6) months in order for the MEWA to correct the deficiencies, or the registration will be terminated.

(c) Each filing made with the department shall be accompanied by the filing fee required by section 17 of this rule. (*Department of Insurance; 760 IAC 1-68-9; filed Apr 15, 2003, 2:20 p.m.: 26 IR 3041*)

SECTION 7. 760 IAC 1-68-10 IS AMENDED TO READ AS FOLLOWS:

760 IAC 1-68-10 Financial condition

Authority: IC 27-1-34-9

Affected: IC 27-1-34

Sec. 10. Each MEWA shall maintain a minimum fund balance of five hundred

thousand dollars (\$500,000). A MEWA that provides coverage for dental and/or vision, or both, services only shall maintain a minimum fund balance of one hundred fifty thousand dollars (\$150,000). (*Department of Insurance; 760 IAC 1-68-10; filed Apr 15, 2003, 2:20 p.m.: 26 IR 3041*)

TITLE 760 INDIANA DEPARTMENT OF INSURANCE
LSA DOCUMENT # 05-75(F)

NOTICE OF INTENT: May 1, 2005, Indiana Register Volume 28, page 2408

PROPOSED RULE: October 1, 2005, Indiana Register Volume 29, number 1, page 129

NOTICE OF HEARING: October 1, 2005, Indianapolis Star
October 1, 2005, Indiana Register Volume 29, Number 1, page 129

HEARING HELD: November 1, 2005, 311 West Washington Street, Suite 300, Indianapolis, IN

IN ACCORDANCE WITH THE AGENCY'S STATUTORY PROVISIONS AND I.C. 4-22-2, THE ABOVE RULE TEXT WAS ADOPTED BY THE COMMISSIONER WITH MINOR CHANGES TO THE PROPOSED RULE PUBLISHED IN THE INDIANA REGISTER ON OCTOBER 1, 2005. THE MINOR CHANGES WERE BASED UPON PUBLIC COMMENT RECEIVED DURING THE RULEMAKING PROCESS.

APPROVED:



James Atterholt
Commissioner of Insurance

Date: 1/12/06

APPROVED:

Mitchell D. Daniels, Jr
Governor

Date: _____

APPROVED:

Stephen Carter
Attorney General of Indiana

Date: _____

APPROVED:

Todd Rokita
Secretary of State

Date: _____